



## **DEPARTMENT OF HEALTH & MENTAL HYGIENE**

### **MEDICAL CARE PROGRAM**

#### **COMPANION GUIDE FOR 837 HEALTHCARE CLAIM PROFESSIONAL MEDICARE CROSSOVER VERSION 004010X098A1**

**May 12, 2005**

**Version 4**

**EFFECTIVE FOR CLAIMS SUBMITTED ON OR AFTER  
OCTOBER 16, 2003**

**Health Care Claim Professional, Medicare Crossover - 837****Introduction:**

This Companion Guide contains a subset of the data content established for the Health Care Claim Transaction Set (837). This transaction can be used to submit health care claim/encounter billing information from providers of health care services to Maryland Medicaid, either directly or through an intermediary (i.e., clearinghouses, etc.).

This Companion Guide governs electronic billing of professional services on an ASC X12 837- Professional (004010X098A1) transaction. Please refer to Maryland Medicaid Billing Instructions for specific services to be billed using this transaction.

This guide is not to be used as a substitution for the 837 Health Care Claim Implementation Guide. The objective of the document is to clarify what information is needed by Maryland Medicaid where multiple values exist and specific values are needed.

All alpha characters must be in upper case. Data must be in ASCII format. It is highly recommended that you do not suppress leading zeros for data elements such as Provider Number, Recipient ID, etc. This type of data should be handled as alphanumeric.

Transactions containing non ASC X12N compliant data will be rejected prior to adjudication. An ASC X12N 997 transaction will be used to convey the rejection and may include an associated reason.

Always use the 2000B Subscriber Loop (Subscriber Hierarchical Level), since for Maryland Medicaid, the Subscriber is the same person as the Patient.

**HI Segment Mapping Clarification**

The following provides clarification for mapping HI segments where the occurrence is 2 (or more). In instances where the HI segment occurs 2 (or more) times, it is required that all Data Elements (DEs) of the first occurrence of the HI will be used. In most cases, this provides up to 12 DEs to use to convey the appropriate information for that HI instance. For example:

**Correct Mapping:** HI\*BH:42:D8:20041123\*BH:25:D8:20020719

**Incorrect Mapping:** HI\*BH:42:D8:20041123  
HI\*BH:25:D8:20020719

DHMH will only map DEs within the first HI segment and requests that any needed information to adjudicate a claim is made available in the first HI segment instance.

**Transmission Considerations**

Trading Partners are requested to follow the 837 Implementation Guide recommendations to limit the number of CLMs within a transaction (ST-SE envelope) to 5,000. (See section 2.8 of the 837 Implementation Guides). In cases where the Trading Partner needs to transmit several 5000 CLM files, DHMH recommends uploading the files one at a time in five minute intervals to avoid file submission problems.

Trading partners are requested to use unique Group Control Numbers (GS06) for all interchanges submitted to DHMH. This provides ease of tracking for the Trading Partner for reconciliation and easy identification for DHMH support staff for troubleshooting, identifying 997s and verifying results.

This Companion Guide can be found on the State of Maryland Department of Health and Mental Hygiene Web site at <http://www.dhmf.state.md.us/hipaa/transandcodesets.html>

## Maryland Medicaid Companion Guide - 837 Professional Medicare Crossover Claims

**LEGEND:**

**SHADED rows represent "segments" in the X12N implementation guide**

**NON-SHADED rows represent "data elements" in the X12N implementation guide**

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
<b>B.3</b>			<b>Interchange Control Header</b>			
B.3		ISA01	Authorization Information Qualifier	00		
B.4		ISA03	Security Information Qualifier	00		
B.4		ISA05	Interchange ID Qualifier			Agreed upon during trading partner set-up
B.4		ISA06	Interchange Sender ID			Agreed upon during trading partner set-up
B.4		ISA07	Interchange ID Qualifier	ZZ		

B.5		ISA08	Interchange Receiver ID		526002033MCP - Production 526002033MCPT - Test
B.6		ISA14	Acknowledgment Requested	0	No TA1 returned. Note: A 997 will be returned.
B.6		ISA15	Usage Indicator		T for Test Data P for Production Data
<b>B.8</b>			<b>Functional Group Header</b>		
B.8		GS02	Application Sender's Code		Agreed upon during trading partner set-up
B.8		GS03	Applications Receiver's Code		MMISM CARE
B.9		GS08	Version/Release/Industry Identifier Code		004010X098A1
<b>67</b>	<b>1000A</b>		<b>Submitter Name</b>		
69		NM109	Submitter Primary Identifier		Same as GS02
<b>74</b>	<b>1000B</b>		<b>Receiver Name</b>		
75		NM103	Receiver Name		Maryland Medical Care Program
75		NM109	Receiver Primary Identifier		526002033MCP
<b>84</b>	<b>2010AA</b>		<b>Billing Provider Name</b>		
92		REF01	Reference Identification qualifier	1D	Use to report Maryland Medicaid Provider Number
92		REF02	Billing Provider Secondary Identifier		9 Maryland Medicaid Assigned Provider Number
<b>99</b>	<b>2010AB</b>		<b>Pay-To Provider's Name</b>		<b>If different from the billing provider (2010AA)</b>
106		REF01	Reference Identification qualifier	1D	Use to report Maryland Medicaid Provider Number
107		REF02	Pay-To Provider Secondary Identifier		9 Maryland Medicaid Assigned Provider Number
<b>117</b>	<b>2010BA</b>		<b>Subscriber Name</b>		
119		NM108	Identification Code Qualifier	MI	
119		NM109	Subscriber Primary Identifier		11 Patient's Maryland Medical Assistance Number
<b>130</b>	<b>2010BB</b>		<b>Payer Name</b>		

131		NM103	Payer Name			Maryland Medical Care Program
131		NM109	Payer Identifier			526002033MCP
<b>152</b>	<b>2000C</b>		<b>Patient Hierarchical Level</b>			<b>This loop will not be supported by Maryland Medicaid since the subscriber is always the patient</b>
<b>282</b>	<b>2310A</b>		<b>Referring Provider Name</b>			
288		REF01	Reference Identification qualifier	1D		Use to report Maryland Medicaid Provider Number
289		REF02	Referring Provider Secondary Identifier		9	Maryland Medicaid Assigned Provider Number
<b>290</b>	<b>2310B</b>		<b>Rendering Provider Name</b>			<b>If different from the billing/pay-to level (2000A loop) provider</b>
296		REF01	Reference Identification qualifier	1D		Use to report Maryland Medicaid Provider Number
297		REF02	Rendering Provider Secondary Identifier		9	Maryland Medicaid Assigned Provider Number
<b>303</b>	<b>2310D</b>		<b>Service Facility Location</b>			
310		REF01	Reference Identification qualifier	1D		Use to report Maryland Medicaid Provider Number
311		REF02	Service Facility Location Provider Secondary Identifier		9	Maryland Medicaid Assigned Provider Number